

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

05

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		941820.56
(b) Cash on Hand at Beginning of Reporting Period	938762.88	
(c) Total Receipts (from Line 19)	233786.23	1403010.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1172549.11	2344831.00
7. Total Disbursements (from Line 31)	373383.07	1545664.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	799166.04	799166.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	98764.85	556186.60
(i) Itemized (use Schedule A)	45072.61	316070.35
(ii) Unitemized	143837.46	872256.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6666.00
(c) Other Political Committees (such as PACs)	143837.46	878922.95
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	60570.00	490138.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	29000.00	29000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	378.77	3449.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	233786.23	1403010.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	233786.23	1403010.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29488.82	49832.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	29488.82	49832.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	111000.00	1226897.82
24. Independent Expenditure (use Schedule E)	232394.25	267394.29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	1540.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	1540.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	373383.07	1545664.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	373383.07	1545664.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	143837.46	878922.95
34. Total Contribution Refunds (from Line 28(d))	500.00	1540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143337.46	877382.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29488.82	49832.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	29000.00	29000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	488.82	20832.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 150

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13324091

Amount of Each Receipt this Period

10000.00

B. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13395090

Amount of Each Receipt this Period

15000.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7418.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13395091

Amount of Each Receipt this Period

560.00

SUBTOTAL of Receipts This Page (optional)

25560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 150

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
 Austin TX 78761-5587

FEC ID number of contributing
federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86530.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 13403439

Amount of Each Receipt this Period

14730.00

Full Name (Last, First, Middle Initial)

B. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
 Suite 800

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13405884

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

C. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
 Madison WI 53725-9038

FEC ID number of contributing
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7698.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 13408991

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

35010.00

TOTAL This Period (last page this line number only)

60570.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 13334416 Amount of Each Receipt this Period 10.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Associate Director Aggregate Year-to-Date ▼ 430.00
B. Full Name (Last, First, Middle Initial) Mr. Stephen J Campbell Mailing Address P O Box 489 City State Zip Code Clayton NM 88415-0489 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 13360865 Amount of Each Receipt this Period 250.00
Name of Employer Union County General Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Administrator Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Mr. James H Hinton Mailing Address P O Box 26666 City State Zip Code Albuquerque NM 87125-6666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 13360871 Amount of Each Receipt this Period 500.00
Name of Employer Presbyterian Healthcare Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark W Reifsteck

Mailing Address P O Box 26666

City	State	Zip Code
Albuquerque	NM	87125-6666

FEC ID number of contributing
federal political committee.**C**Name of Employer
Presbyterian HospitalOccupation
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: 13360872

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Stephen W McKernan

Mailing Address 2211 Lomas Boulevard NE

City	State	Zip Code
Albuquerque	NM	87106-2745

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of New Mexico
HospitalsOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: 13360873

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Paul Herzog

Mailing Address 601 Martin Luther King Dr. NE

City	State	Zip Code
Albuquerque	NM	87102-3670

FEC ID number of contributing
federal political committee.**C**Name of Employer
Lovelace Medical Center-D-
owntownOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: 13360874

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13362308

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City State Zip Code
Hutchinson MN 55350-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Area Health Ca-
re

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363058

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr Todd Johnson

Mailing Address P O Box 43

City State Zip Code
Minneapolis MN 55440-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allina Hospitals & Clinics

Occupation
Vice President Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy H Hanson

Mailing Address 559 Capitol Boulevard, 6-South

City State Zip Code
 Saint Paul MN 55103-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEast Care System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gordon L Alexander, M.D.

Mailing Address 2450 Riverside Avenue

City State Zip Code
 Minneapolis MN 55454-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota
Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363081

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jacquelyn Gaines
Mailing Address 10150 SE 32nd Avenue

City State Zip Code
Milwaukie OR 97222-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Milwaukie Hosp-
ital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364095

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Skip Kriz
Mailing Address 2095 Lakeview Drive

City State Zip Code
Eugene OR 97408-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364096

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James R Barnhart

Mailing Address 400 Ninth Street

City State Zip Code
Florence OR 97439-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peace Harbor Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364098

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Duane Francis
Mailing Address 1700 East 19th Street

City State Zip Code
The Dalles OR 97058-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Columbia Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364101

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mel Pyne
Mailing Address 3015 Summit Sky Blvd.

City State Zip Code
Eugene OR 97405-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364103

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. William P Sexton
Mailing Address 725 South Wahanna Road

City State Zip Code
Seaside OR 97138-7735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Seaside Hospital

Occupation
Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Norman F Gruber

Mailing Address P O Box 14001

City State Zip Code
 Salem OR 97309-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364107

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
 Portland OR 97201-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHSU Hospital

Occupation
Vice President and Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364108

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City State Zip Code
 Astoria OR 97103-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364111

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Holloway, MD.
Mailing Address 3735 Cherokee Drive South

City State Zip Code
Salem OR 97302-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364112

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald M. Hollander
Mailing Address 32 Wamesit Road

City State Zip Code
Waban MA 02468-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364131

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. John Allen
Mailing Address P O Box 1990

City State Zip Code
Kearney NE 68848-1990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Health Sys-
tems

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364135

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard A. Hachten, II
Mailing Address 2676 South 96th Circle

City State Zip Code
Omaha NE 68124-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Health

Occupation
President, Alegent Health System

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364136

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Craig M Ames
Mailing Address 1600 South 48th Street

City State Zip Code
Lincoln NE 68506-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
BryanLGH Medical Center

Occupation
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364137

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Laurie Acred-Natelson
Mailing Address 1901 Clinch Avenue

City State Zip Code
Knoxville TN 37916-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Sanders Regional Medical Center

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365589

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dwayne Blaylock
Mailing Address 1801 North Jackson Street

City State Zip Code
Tullahoma TN 37388-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horton Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365590

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Scott Bowman
Mailing Address 304 Wright Street

City State Zip Code
Sweetwater TN 37874-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sweetwater Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365591

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Ruth W Brinkley
Mailing Address 2525 De Sales Avenue

City State Zip Code
Chattanooga TN 37404-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365592

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Charlotte Burns Mailing Address 935 Wayne Road City Savannah State TN Zip Code 38372-1937 FEC ID number of contributing federal political committee. C Name of Employer Hardin Medical Center Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365593 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. James Lee Decker Mailing Address 435 Second Street City Knoxville State TN Zip Code 37821-3799 FEC ID number of contributing federal political committee. C Name of Employer Baptist Hospital of Cocke County Occupation Senior Vice President and Administrato Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365594 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr Greg Duckett Mailing Address 350 North Humphreys Boulevard City Memphis State TN Zip Code 38120-2177 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Health Care Corporati Occupation Senior Vice President and Chief Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365595 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert S. Gordon
Mailing Address 7891 Cross Pike Drive

City State Zip Code
Germantown TN 38138-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation
Executive Vice President & CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365596

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Andrew Hall
Mailing Address 1905 Amerian Way

City State Zip Code
Kingsport TN 37660-5882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellmont Health System

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365597

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr David C Hogan
Mailing Address 350 North Humphreys Boulevard

City State Zip Code
Memphis TN 38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jone' Koford

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365599

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Joseph Landsman

Mailing Address 1520 Cherokee Trail

City State Zip Code
Knoxville TN 37920-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365600

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. James L McMackin

Mailing Address 421 South Main Street

City State Zip Code
Crossville TN 38555-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365601

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr John D Nash Mailing Address 332 North Lauderdale Street City State Zip Code Memphis TN 38105-2794 FEC ID number of contributing federal political committee. C Name of Employer St. Jude Children's Research Hospital Occupation Executive Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365602 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Stephen Curtis Reynolds Mailing Address 350 North Humphreys Boulevard City State Zip Code Memphis TN 38120-2177 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Health Care Corporation Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365603 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Bruce W Steinhauer, M.D. Mailing Address 877 Jefferson Avenue City State Zip Code Memphis TN 38103-2897 FEC ID number of contributing federal political committee. C Name of Employer Regional Medical Center at Memphis Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13365604 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Deborah Strickland

Mailing Address PO Box 1558

City State Zip Code
 Gallatin TN 37066-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sumner Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365605

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Carlyle L E Walton

Mailing Address 401 Takoma Avenue

City State Zip Code
 Greeneville TN 37743-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Takoma Adventist Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365606

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Betsy B. Wood

Mailing Address 500 Interstate Boulevard, South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Former Vice President, Government Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365607

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alan J Bleyer
Mailing Address 400 Wabash Avenue

City State Zip Code
Akron OH 44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
ter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366791

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen Bankston
Mailing Address 3200 Burnet Avenue

City State Zip Code
Cincinnati OH 45229-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance of Greater
Cincinnati

Occupation
Senior VP, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366792

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas S. Urban
Mailing Address 8484 Old Shaw Way

City State Zip Code
West Chester OH 45069-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health Partners

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366794

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James A Kingsbury Mailing Address 234 Goodman Street City State Zip Code Cincinnati OH 45219-2364 FEC ID number of contributing federal political committee. C Name of Employer University Hospital Occupation Interim Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13366796 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, , M.D. Mailing Address 11100 Euclid Avenue City State Zip Code Cleveland OH 44106-1736 FEC ID number of contributing federal political committee. C Name of Employer University Hospitals Case Medical Cent Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13366797 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. John E. Callender Mailing Address 2743 Elginfield Road City State Zip Code Upper Arlington OH 43220-4247 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13366803 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)**625.00****TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Gregory J Walker Mailing Address 789 Central Avenue City State Zip Code Dover NH 03820-2526 FEC ID number of contributing federal political committee. C Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13371593 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Deanna S. Howard Mailing Address 5 Paine Road City State Zip Code Etna NH 03750-4508 FEC ID number of contributing federal political committee. C Name of Employer Dartmouth-Hitchcock Medical Center Occupation Director, Regional Program Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13371594 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms Jeanine Chesley Mailing Address 335 Brighton Avenue City State Zip Code Portland ME 04102-2362 FEC ID number of contributing federal political committee. C Name of Employer HEALTHSOUTH Rehabilitation Hospital Occupation CFO/ Area Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 13371595 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Paula Minnehan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 283 Gallopiny Hill Road		
City Hopkinton	State NH	Zip Code 03229-3402
FEC ID number of contributing federal political committee. C		Transaction ID: 13371596
Name of Employer New Hampshire Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 250.00
Occupation Vice President, Rural Health & Reimbursement Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Scott W Howe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 173 Middle Street		
City Lancaster	State NH	Zip Code 03584-3508
FEC ID number of contributing federal political committee. C		Transaction ID: 13371597
Name of Employer Weeks Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 250.00
Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Ms. Louise McCleery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 245 Main Street		
City Colebrook	State NH	Zip Code 03576-3002
FEC ID number of contributing federal political committee. C		Transaction ID: 13371598
Name of Employer Upper Connecticut Valley Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 250.00
Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary S Barber

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr John A Benz

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Strategic & Business Development Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Forest Blanton

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator Process Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375900

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Dana Ferrell

Mailing Address 807 Nira Street

City State Zip Code
 Jacksonville FL

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nemours Children's Clinic

Occupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375901

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Martha Garcia

Mailing Address 7800 Sheridan Street

City State Zip Code
 Pembroke Pines FL 33024-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375902

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Timothy J Goldfarb

Mailing Address 1600 SW Archer Road

City State Zip Code
 Gainesville FL 32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. C Kennon Hetlage
Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375904

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr. Ray Kendrick
Mailing Address 4232 Mahogany Ridge Drive

City State Zip Code
Weston FL 33331-3826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375905

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Stanley Marks, M.D.
Mailing Address 3501 Johnson Street

City State Zip Code
Pembroke Pines FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375906

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Matthew J Muhart
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375907

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. J E Piriz
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375908

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth P. Resmini
Mailing Address 2445 N. 37th Avenue

City State Zip Code
Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Director of Compliance & Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375909

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Paul M Rosenberg

Mailing Address 1600 SW Archer Road

City State Zip Code
Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375910

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. David L. Schlemmer

Mailing Address 8621 NW 53rd Court

City State Zip Code
Coral Springs FL 33067-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Administrative Director of Constructio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375911

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms Deborah Tedder

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Operating Officer and Chief Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Anthony C. Krayner, III
Mailing Address 340 W. Tropicla Way

City State Zip Code
Plantation FL 33317-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Corporate Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375913

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Zeff Ross
Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375914

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Frank V Sacco, FACHE
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Greg Zorman, M.D.

Mailing Address 5730 Arapahoe Road

City State Zip Code
 Fort Lauderdale FL 33312-6354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief of Neurosurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nina Tucker

Mailing Address 3115 N. 36th Avenue

City State Zip Code
 Hollywood FL 33021-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James G FitzPatrick

Mailing Address 1000 Fourth Street SW

City State Zip Code
 Mason City IA 50401-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-North
Iowa

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378403

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John C Sheehan

Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378404

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Theodore E Townsend

Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378405

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. John E Knox

Mailing Address 350 North Grandview Avenue

City State Zip Code
Dubuque IA 52001-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Finley Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. C. James Platt

Mailing Address 2206 256th Avenue

City

West Point

State

IA

Zip Code

52656-9347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Madison Community Ho-
spital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378409

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles R Miller

Mailing Address P O Box 250

City

Sheldon

State

IA

Zip Code

51201-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Sheldon Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd C Linden

Mailing Address 210 Fourth Avenue

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grinnell Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378411

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard A Seidler, , FACHE

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Clinton J Christianson

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Cent-
erville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378425

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dan Sheehan

Mailing Address 407 South White Street

City

Mount Pleasant

State

IA

Zip Code

52641-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry County Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Russell M Knight
Mailing Address 250 Mercy Drive

City State Zip Code
Dubuque IA 52001-7320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Dubu-
que

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378430

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul Dougherty
Mailing Address P O Box 3168

City State Zip Code
Sioux City IA 51102-3168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Sioux
City

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378435

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Marilyn E. Kaptain-Dahlen
Mailing Address 801 15th Street
Box 203

City State Zip Code
Sioux City IA 51105-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Sioux
City

Occupation
Vice President, Regionalization

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378436

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code
West Burlington IA 52655-1681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great River Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378438

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Tom Tibbits

Mailing Address 802 Kenyon Road

City State Zip Code
Fort Dodge IA 50501-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Regional Medical
CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378439

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John M Comstock

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Regional Medical
CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Joseph LeValley
Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Des
Moines

Occupation
Senior Vice President Planning and Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378447

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. David H Vellinga
Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Des
Moines

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378448

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Donna M Oliver
Mailing Address 1410 North Fourth Street

City State Zip Code
Clinton IA 52732-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Clin-
ton

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378449

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Allen E Pohren

Mailing Address P O Box 498

City State Zip Code
 Red Oak IA 51566-0498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery County Memorial
Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378450

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Stephen M. Cardamone, D.O.

Mailing Address 3421 West Ninth Street

City State Zip Code
 Waterloo IA 50702-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation
Sr. VP/ Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378451

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Richard J Frenchie

Mailing Address 13207 Ravenna Road

City State Zip Code
 Chardon OH 44024-7032

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Geauga Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378571

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Cliff Coker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 11470 Euclid Avenue Suite 32		Transaction ID: 13378572
City Cleveland	State OH	Zip Code 44106-3938
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Hospitals Case Medical Cent	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. William H Considine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address One Perkins Square		Transaction ID: 13378573
City Akron	State OH	Zip Code 44308-1062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Akron Children's Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. James R Pancoast		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2222 Philadelphia Drive		Transaction ID: 13378574
City Dayton	State OH	Zip Code 45406-1813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Good Samaritan Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378584

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin E Lofton
Mailing Address 1999 Broadway, Suite 2600

City State Zip Code
Denver CO 80202-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health Initiatives

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13398983

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard J Failing
Mailing Address P O Box 353

City State Zip Code
Lisbon ND 58054-0353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lisbon Area Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13399081

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Rita K Buurman

Mailing Address P O Box 229

City State Zip Code
Sabetha KS 66534-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sabetha Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399668

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Bob S Edwards

Mailing Address 711 Marshall Street

City State Zip Code
Leavenworth KS 66048-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cushing Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399681

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Dennis L George

Mailing Address P O Box 189

City State Zip Code
Burlington KS 66839-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coffey County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399691

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Roger S John

Mailing Address P O Box 366

City State Zip Code
 Phillipsburg KS 67661-0366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Plains Health Allia-
nce, Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399713

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Eugene W Meyer

Mailing Address 325 Maine Street

City State Zip Code
 Lawrence KS 66044-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399735

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Gene E Schmidt

Mailing Address 1701 East 23rd Avenue

City State Zip Code
 Hutchinson KS 67502-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Hospital Corpo-
ration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Larry P Schumacher

Mailing Address 1407 N Glancey

City State Zip Code
 Andover KS 67002-7410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Health System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399753

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr. Samuel H Turner

Mailing Address Box 2923

City State Zip Code
 Shawnee Mission KS 66201-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shawnee Mission Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399763

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code
 Topsham ME 04086-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Hospital Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13399995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Dennis O'Malley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 3425 South Clarkson Street		Transaction ID: 13400000
City Englewood	State CO	Zip Code 80113-2899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Craig Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Ron Branish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 3425 South Clarkson Street		Transaction ID: 13400001
City Englewood	State CO	Zip Code 80113-2899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Craig Hospital	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Michael A Anaya, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1000 Lincoln Street		Transaction ID: 13400002
City Fort Morgan	State CO	Zip Code 80701-3210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Colorado Plains Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lucinda A Bradley

Mailing Address P O Box 1167

City State Zip Code
 North Platte NE 69103-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Plains Regional Med-
ical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William L Welch, , CHE

Mailing Address P O Box 277

City State Zip Code
 Fairbury NE 68352-0277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Community Health
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Sommers

Mailing Address 2006 Irving Street

City State Zip Code
 Beatrice NE 68310-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beatrice Community Hospit-
al and Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James B Cole

Mailing Address 1701 North George Mason Drive

City State Zip Code
Arlington VA 22205-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr.s Joyce Grove Hein

Mailing Address 1215 Tibbals Street

City State Zip Code
Holdrege NE 68949-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phelps Memorial Health Ce-
nter

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary A Perkins

Mailing Address 8200 Dodge Street

City State Zip Code
Omaha NE 68114-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. D Michael Leibert, , FACHE

Mailing Address 450 East 23rd Street

City State Zip Code
 Fremont NE 68025-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fremont Area Medical Cent-
er

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger J Reamer

Mailing Address 300 North Columbia Avenue

City State Zip Code
 Seward NE 68434-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care Syst-
ems

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey A. Weinstein

Mailing Address 22 Nathan Lord Road

City State Zip Code
 Amherst NH 03031-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical
Center

Occupation
Senior, Vice President & General Couns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John W. Polanowicz

Mailing Address 2 Abenaki Road

City State Zip Code
 Northborough MA 01532-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMass Memorial-Marlbrough
Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401140

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms Karen O Moore, , R.N., MS

Mailing Address 164 High Street

City State Zip Code
 Greenfield MA 01301-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401141

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. William J. Shickolovich

Mailing Address 585 Sharpners Pond Road

City State Zip Code
 North Andover MA 01845-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical
Center

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John Fernandez

Mailing Address 5 Otis Street

City State Zip Code
 Needham MA 02492-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham and Women's Hospi-
tal

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401143

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. John A. Lodico

Mailing Address 12 Davis Street

City State Zip Code
 Belmont MA 02478-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
Communications Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401145

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Terence G. Dougherty

Mailing Address 57 Dent St.

City State Zip Code
 West Roxbury MA 02132-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caritas Christi Health Ca-
re

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401146

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Michael D Skinner

Mailing Address 164 High Street

City State Zip Code
 Greenfield MA 01301-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401147

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert E. Gibbons

Mailing Address Five New England Executive Park

City State Zip Code
 Burlington MA 01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
Interim President and VP, Gov't Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401148

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Richard L. Cunningham

Mailing Address 7 Ledgewood Lane

City State Zip Code
 Brighton MA 04107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caritas Christi Health Ca-
re

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401149

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jeanette G Clough
Mailing Address 330 Mount Auburn Street

City State Zip Code
Cambridge MA 02138-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Auburn Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401150

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas C Porter
Mailing Address 88 Washington Street

City State Zip Code
Taunton MA 02780-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Hospital and Medic-
al Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401151

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven F Bradley
Mailing Address 759 Chestnut Street

City State Zip Code
Springfield MA 01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Health, Inc.

Occupation
Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401152

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 150

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens Mailing Address 5 New England Executive Park City State Zip Code Burlington MA 01803-5010 FEC ID number of contributing federal political committee. C Name of Employer Massachusetts Hospital Association Occupation Sr. Vice President, Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 13401153 Amount of Each Receipt this Period 280.00
B. Full Name (Last, First, Middle Initial) Mr. Alan Olive Mailing Address 10101 Double R Blvd. City State Zip Code Reno NV 89521-5931 FEC ID number of contributing federal political committee. C Name of Employer Renown Regional Medical Center Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 13404751 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ms. Sophie Womack Mailing Address 6071 West Outer Drive City State Zip Code Detroit MI 48235-2624 FEC ID number of contributing federal political committee. C Name of Employer Sinai-Grace Hospital Occupation Vice President, Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 13404757 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 55 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. John J. Lynch, M.D.
Mailing Address 3719 Winfield Lane, NW

City State Zip Code
Washington DC 20007-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Associate Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404763

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Steele
Mailing Address 2142 North Cove Boulevard

City State Zip Code
Toledo OH 43606-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Hospital, The

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404764

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Smith
Mailing Address 13 Burnham Road

City State Zip Code
Wenham MA 01984-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404765

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John Stevenson

Mailing Address 250 Pond Street

City State Zip Code
 Braintree MA 02184-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Braintree Reh-
abilitation H

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404766

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Richard T. Palmisano, II, R.N.

Mailing Address 71 Hospital Avenue

City State Zip Code
 North Adams MA 01247-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Adams Regional Hosp-
ital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404767

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. David W Tower

Mailing Address P O Box 912

City State Zip Code
 Wolfeboro NH 03894-0912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huggins Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404768

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Colleen J. Goode, RN, PhD.,

Mailing Address 4200 East Ninth Avenue
Post Office Box A-020

City State Zip Code
Denver CO 80220-3700

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado Hospital
Occupation Vice President Patient Services & CNO

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 13404776

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
Ms. Christine C Schuster

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code
Concord MA 01742-9120

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerson Hospital
Occupation President and Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 13404897

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association
Occupation Vice Pres, Regulatory/Strategic Affairs

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405347

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben Mailing Address 4885 Pheasant Court South City Afton State MN Zip Code 55001-9415 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 13405348 Amount of Each Receipt this Period 269.50
Name of Employer Minnesota Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1001.00			
B. Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avenue City St. Paul State MN Zip Code 55114 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 13405349 Amount of Each Receipt this Period 140.00
Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00			
C. Full Name (Last, First, Middle Initial) Mr Todd Johnson Mailing Address P O Box 43 City Minneapolis State MN Zip Code 55440-0043 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 13405355 Amount of Each Receipt this Period 20.00
Name of Employer Allina Hospitals & Clinics Occupation Vice President Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			

SUBTOTAL of Receipts This Page (optional)

429.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Alan L. Goldbloom, M.D.
Mailing Address 345 North Smith Avenue

City State Zip Code
Saint Paul MN 55102-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital and
Clinics of MinOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405356

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan Grundei
Mailing Address 1830 Peony Lane North

City State Zip Code
Plymouth MN 55447-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Health Systems-
DairylandOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405357

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel McInerney, Jr.
Mailing Address 150 South Fifth Street
Suite 2300

City State Zip Code
Minneapolis MN 55402-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard, Street & Deinard,
PAOccupation
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405361

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.76

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405363

Amount of Each Receipt this Period

110.90

Full Name (Last, First, Middle Initial)

B. Dr. Gordon L Alexander, M.D.

Mailing Address 2450 Riverside Avenue

City State Zip Code
 Minneapolis MN 55454-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota
Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405365

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mr. Gregg Redfield

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

380.90

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City	State	Zip Code
Saint Paul	MN	55101-2598

FEC ID number of contributing
federal political committee.**C**Name of Employer
Gillette Children's Special
HealthcareOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405378

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr Mark A Skubic

Mailing Address 6500 Excelsior Boulevard

City	State	Zip Code
Minneapolis	MN	55426-4702

FEC ID number of contributing
federal political committee.**C**Name of Employer
Park Nicollet Health ServicesOccupation
Vice President Government Relations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405382

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Peggy WestbyMailing Address 2550 University Avenue W.
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing
federal political committee.**C**Name of Employer
Minnesota Hospital AssociationOccupation
Director, Trustee Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Feinwachs

Mailing Address 2550 University Avenue West
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405516

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Klimp

Mailing Address 301 Second Street NE

City State Zip Code
New Prague MN 56071-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queen of Peace Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405517

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr Jeffery L. Hudson

Mailing Address 4950 North Marine Drive

City State Zip Code
Chicago IL 60640-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at Lake Shore

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 13405590

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark E Moore

Mailing Address P O Box 1149

City	State	Zip Code
Bloomington	IN	47402-1149

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bloomington HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418706

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Jeffrey Mossler

Mailing Address 1701 N. Senate Blvd.

City	State	Zip Code
Indianapolis	IN	46206

FEC ID number of contributing
federal political committee.**C**Name of Employer
Clarian Health PartnersOccupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418711

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Samuel L Odle

Mailing Address 1701 North Senate Boulevard

City	State	Zip Code
Indianapolis	IN	46202-1239

FEC ID number of contributing
federal political committee.**C**Name of Employer
Methodist HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418723

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mike Packnett
Mailing Address 10125 Silver Lake Ct.

City State Zip Code
Fort Wayne IN 46825-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Hospital

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418726

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Marvin G Pember
Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418728

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Linda Roberts
Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph E Roche

Mailing Address 301 Henry Street

City State Zip Code
 North Vernon IN 47265-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Jennings Hosp-
ital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William B. Stephan

Mailing Address 1701 North Senate Boulevard

City State Zip Code
 Indianapolis IN 46202-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Norman G Tabler, Jr.

Mailing Address 1701 North Senate Boulevard

City State Zip Code
 Indianapolis IN 46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418768

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steve Wantz

Mailing Address 7218 Marstella Drive

City State Zip Code
Brownsburg IN 46112-8442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418779

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Linda E White

Mailing Address 600 Mary Street

City State Zip Code
Evansville IN 47747-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418789

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. James P Alender

Mailing Address P O Box 9011

City State Zip Code
Kokomo IN 46904-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard Regional Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418800

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. JoAnn Birdzell

Mailing Address 4321 Fir Street

City State Zip Code
 East Chicago IN 46312-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Catherine Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418816

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Darcy K. Burthay

Mailing Address 708 Carter Ct.

City State Zip Code
 Kokomo IN 46901-7026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418827

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Barrett Evans

Mailing Address 1701 North Senate Boulevard

City State Zip Code
 Indianapolis IN 46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418862

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Daniel F Evans

Mailing Address P O Box 1367

City	State	Zip Code
Indianapolis	IN	46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health PartnersOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418863

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Sam Flanders, M.D.

Mailing Address 1701 North Senate Boulevard

City	State	Zip Code
Indianapolis	IN	46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian HealthOccupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418866

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. John Gorski

Mailing Address 10501 Wood Duck Lane

City	State	Zip Code
Orland Park	IL	60467-8469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital (Munster)Occupation
Sr. VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418879

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Graffis, M.D.

Mailing Address P O Box 1367

City

Indianapolis

State

IN

Zip Code

46206-1367

FEC ID number of contributing
federal political committee.**C**Name of Employer
Clarian Health

Occupation

Executive Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418880

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven S. Ivy, Ph.D.

Mailing Address 1701 North Senate Boulevard

City

Indianapolis

State

IN

Zip Code

46202-1239

FEC ID number of contributing
federal political committee.**C**Name of Employer
Clarian Health

Occupation

Vice President Values

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13418896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence Graeber

Mailing Address P O Box 648

City

Philadelphia

State

MS

Zip Code

39350-0648

FEC ID number of contributing
federal political committee.**C**Name of Employer
Neshoba County General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13419085

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Putt

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and
Clinics, Univ

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419086

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City State Zip Code
Madison MS 39110-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPI Company

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419087

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Mr. Jimmy J. Blessitt

Mailing Address 121 E. Baker Street

City State Zip Code
Indianola MS 38751-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Sunflower County Ho-
spital

Occupation
Administrator & Chief Executive Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419090

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Morris A Reece

Mailing Address 1314 19th Avenue

City State Zip Code
 Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Health Systems

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419094

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City State Zip Code
 Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Foundation Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James G Chastain, , CHE

Mailing Address P O Box 157-A

City State Zip Code
 Whitfield MS 39193-0157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi State Hospital

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419096

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. W. Dale Saulters

Mailing Address P.O. Box 967

City State Zip Code
 Louisville MS 39339-0967

FEC ID number of contributing federal political committee.

C

Name of Employer
Winston Medical CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419097

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City State Zip Code
 Tupelo MS 38801-4996

FEC ID number of contributing federal political committee.

C

Name of Employer
North Mississippi Health Services, IncOccupation
Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419104

Amount of Each Receipt this Period

440.00

C. Full Name (Last, First, Middle Initial)

Mr. Lawrence Graeber

Mailing Address P O Box 648

City State Zip Code
 Philadelphia MS 39350-0648

FEC ID number of contributing federal political committee.

C

Name of Employer
Neshoba County General HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419109

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Donald Smith
Mailing Address 1314 19th Avenue

City State Zip Code
Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Foundation Hospital

Occupation
Corporate Director of HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419112

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jerry M Howell
Mailing Address P O Box 630

City State Zip Code
Columbia MS 39429-0630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419113

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Ms. Debbie Shearer
Mailing Address 6051 U.S. Highway 49

City State Zip Code
Hattiesburg MS 39401-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forrest General Hospital

Occupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419115

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code
Jackson MS 39211-2945

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13419154

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)
Mr. William E Peaks

Mailing Address P O Box 1240

City State Zip Code
Gulfport MS 39502-1240

FEC ID number of contributing
federal political committee.**C**Name of Employer
Garden Park Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13419160

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City State Zip Code
Laurel MS 39441-0607

FEC ID number of contributing
federal political committee.**C**Name of Employer
South Central Regional Me-
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: 13419182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. C. Gerald Cotton

Mailing Address 1225 N. State Street

City State Zip Code
Jackson MS 39202-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Baptist Medic-
al Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419187

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. William Ferniany

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and
Clinics, Univ

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419188

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles L Denton

Mailing Address 960 Avent Drive

City State Zip Code
Grenada MS 38901-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grenada Lake Medical Cent-
er

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419192

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James T. Kirkpatrick

Mailing Address 73 North Avenue

City State Zip Code
Mendon MA 01756-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419626

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Palmer

Mailing Address 9 Buttonwood Lane

City State Zip Code
Danvers MA 01923-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beverly Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419627

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen Zane, , CHE

Mailing Address 750 Washington Street

City State Zip Code
Boston MA 02111-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419628

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Steven A. Millard Mailing Address 615 N. 7th Street City Eagle State ID Zip Code 83702-5502 FEC ID number of contributing federal political committee. C Name of Employer Idaho Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 Transaction ID: 13420122 Amount of Each Receipt this Period 4.00
B. Full Name (Last, First, Middle Initial) Mr. Joseph E. Morris, III Mailing Address 304 S 11th Street City Coeur D Alene State ID Zip Code 83814-3905 FEC ID number of contributing federal political committee. C Name of Employer Kootenai Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 Transaction ID: 13420137 Amount of Each Receipt this Period 23.00
C. Full Name (Last, First, Middle Initial) Mr. Craig A Johnson Mailing Address 6640 Kaniksu Street City Bonners Ferry State ID Zip Code 83805-7532 FEC ID number of contributing federal political committee. C Name of Employer Boundary Community Hospital Occupation Chief Executive Officer and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 Transaction ID: 13420139 Amount of Each Receipt this Period 23.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey W Martin
Mailing Address 700 South Main Street

City State Zip Code
Moscow ID 83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420141

Amount of Each Receipt this Period

23.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Messmer
Mailing Address 1512 12th Avenue Road

City State Zip Code
Nampa ID 83686-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420164

Amount of Each Receipt this Period

46.00

C. Full Name (Last, First, Middle Initial)
Ms. Victoria A Alexander
Mailing Address P O Box 700

City State Zip Code
Salmon ID 83467-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steele Memorial Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420167

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

369.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg Burfitt
Mailing Address 188 Inverness Drive West

City State Zip Code
Englewood CO 80112-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centura Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420288

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Madeleine Roberson
Mailing Address 1719 East 19th Avenue

City State Zip Code
Denver CO 80218-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian-St. Luke's
Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420310

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Dorsey
Mailing Address 4643 S. Ulster Street
Suite 1200

City State Zip Code
Denver CO 80237-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthONE

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420311

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sr Sheila Lyne

Mailing Address 2525 South Michigan Avenue

City State Zip Code
 Chicago IL 60616-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital and Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sr Sheila Lyne

Mailing Address 2525 South Michigan Avenue

City State Zip Code
 Chicago IL 60616-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital and Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Monica A. Seeland

Mailing Address 4050 South 35th Street

City State Zip Code
 Lincoln NE 68506-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Hospital Associa-
tion

Occupation
Director of Clinical Health Informatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420800

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Daniel W. Griess

Mailing Address 744 West 16th Street

City State Zip Code
Alliance NE 69301-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Box Butte General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420801

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Diane Newman

Mailing Address P O Box 599

City State Zip Code
Tecumseh NE 68450-0599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson County Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420802

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Earl N Sheehy

Mailing Address P O Box 185

City State Zip Code
Wahoo NE 68066-0185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saunders County Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, , FACHE Mailing Address 987400 Nebraska Medical Center City State Zip Code Omaha NE 68198-7400 FEC ID number of contributing federal political committee. C Name of Employer Nebraska Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: 13420804 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Michael J. Rock Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Transaction ID: 13420809 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ms. Grace McAuliffe Mailing Address 70 Glover Avenue City State Zip Code Quincy MA 02171-2324 FEC ID number of contributing federal political committee. C Name of Employer Massachusetts Hospital Association Occupation Board of Trustees Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: 13420813 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles F. Harms

Mailing Address 2520 Moonlight Ct.

City State Zip Code
 Cheyenne WY 82009-8572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cheyenne Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421086

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Trudy Chittick

Mailing Address 150 East Arapahoe Street

City State Zip Code
 Thermopolis WY 82443-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hot Springs County Memori-
al Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue
Post Office Box 249

City State Zip Code
 Cheyenne WY 82001-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyoming Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel J Werner

Mailing Address 801 Middleford Road

City

Seaford

State

DE

Zip Code

19973-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nanticoke Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Carole Fisher

Mailing Address 8321 Spinraher Cove Drive

City

Las Vegas

State

NV

Zip Code

89128-7726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vegas Valley Rehabilitation Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Kay B. Weir, CAVS

Mailing Address 6728 N.W. Oregon Avenue

City

Kansas City

State

MO

Zip Code

64151-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Hospital of
Kansas City

Occupation

Coordinator, Volunteer Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421293

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City State Zip Code
Bowling Green OH 43402-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wood County Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421325

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)

Mr Kevin V Roberts

Mailing Address 11100 Euclid Avenue

City State Zip Code
Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals

Occupation
Senir Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421329

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Michael Szubski

Mailing Address 11100 Euclid Avenue

City State Zip Code
Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Case
Medical Cent

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas F Zenty

Mailing Address 11100 Euclid Avenue

City State Zip Code
Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
University HospitalsOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

Transaction ID: 13421331

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Archilles A. Demetriou

Mailing Address 26600 George Zeiger Drive

City State Zip Code
Beachwood OH 44122-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS-Memorial Hospital of
GenevaOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

Transaction ID: 13421332

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

Transaction ID: 13421339

Amount of Each Receipt this Period

37.50

SUBTOTAL of Receipts This Page (optional)

537.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Paul Warda

Mailing Address 3800 Reservoir Road NW

City

Washington

State

DC

Zip Code

20007-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar-Georgetown Medical
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 6

Transaction ID: 13431475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bill M. Welch

Mailing Address 3352 Corey Drive

City

Reno

State

NV

Zip Code

89509-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Hospital Associati-
on

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13434985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dawn Ahner

Mailing Address 1155 Mill Street

City

Reno

State

NV

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renown Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13434986

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Scott Wooten Mailing Address 1010 North 96th St, Ste 200 City State Zip Code Omaha NE 68114-2595 FEC ID number of contributing federal political committee. C Name of Employer Occupation Alegent Health Senior Vice President and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13434991 Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>
B. Full Name (Last, First, Middle Initial) Mr. Patrick Jordan Mailing Address 2014 Washington Street City State Zip Code Newton Lower Falls MA 02462-1699 FEC ID number of contributing federal political committee. C Name of Employer Occupation Newton-Wellesley Hospital Senior Vice President for Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13434994 Amount of Each Receipt this Period <div style="text-align: right;">500.00</div>
C. Full Name (Last, First, Middle Initial) Mr. Peter B Davis Mailing Address 172 Kinsley Street City State Zip Code Nashua NH 03060-3648 FEC ID number of contributing federal political committee. C Name of Employer Occupation St. Joseph Hospital President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13434996 Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>

SUBTOTAL of Receipts This Page (optional)**1000.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Deryl L Jones

Mailing Address 10123 SE Market Street

City State Zip Code
 Portland OR 97216-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13434999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City State Zip Code
 Bellevue WA 98007-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Wendell Hesselstine

Mailing Address 1000 Third Street

City State Zip Code
 Tillamook OR 97141-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tillamook County General
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert C Chapman, , FACHE

Mailing Address 3000 Galleria Tower, Ste 1700

City State Zip Code
 Birmingham AL 35244-2378

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435014

Amount of Each Receipt this Period

1041.00

Full Name (Last, First, Middle Initial)

B. Mr. David E Hoidal

Mailing Address 500 22nd Street South, Ste 408

City State Zip Code
 Birmingham AL 35233-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Waldrum, , M.D.

Mailing Address 619 South 19th Street

City State Zip Code
 Birmingham AL 35233-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Alabama Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435016

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

2741.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Clark P Christianson

Mailing Address P O Box 850429

City State Zip Code
 Mobile AL 36685-0429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435017

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Harold Reed

Mailing Address P O Drawer 710

City State Zip Code
 Fayette AL 35555-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fayette Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435018

Amount of Each Receipt this Period

387.00

C. Full Name (Last, First, Middle Initial)

Mr. Donald Henderson

Mailing Address 8213 Marsh Pointe Drive

City State Zip Code
 Montgomery AL 36117-7432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Hospital and Clin-
ic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435019

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1137.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark S. Williams

Mailing Address 5314 Mountain Park Circle

City State Zip Code
 Indian Springs AL 35124-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Merrill Gappmayer

Mailing Address 1156 S. State
Suite 202

City State Zip Code
 Orem UT 84097-8233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Health Care,
Inc.

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles W Sorenson, Jr., M.D

Mailing Address 36 South State Street, 22nd Fl

City State Zip Code
 Salt Lake City UT 84111-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Health Care,
Inc.

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435203

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. A. Lorris Betz, MD

Mailing Address 50 North Medical Drive

City State Zip Code
Salt Lake City UT 84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Utah Health
Care - Hospi

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435211

Amount of Each Receipt this Period

390.00

Full Name (Last, First, Middle Initial)

B. Mr. Terry Odom

Mailing Address 504 Elm Street

City State Zip Code
Albuquerque NM 87102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Hospital of New Mex-
ico

Occupation
Interim President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Warren K Spellman

Mailing Address P O Box DD

City State Zip Code
Taos NM 87571-6284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435668

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. J Alex Valdez, , JD

Mailing Address P O Box 2107

City State Zip Code
 Santa Fe NM 87504-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Regional Medi-
cal Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435669

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr. Brad Copple

Mailing Address P O Box 707

City State Zip Code
 De Kalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kishwaukee Community Hosp-
ital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436197

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Michelle Janney

Mailing Address 1828 W. Long Valley Road

City State Zip Code
 Glenview IL 60025-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436200

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William Kessler

Mailing Address One Saint Anthony's Way

City State Zip Code
Alton IL 62002-4568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health Ce-
nterOccupation
RETIRED Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	6

Transaction ID: 13436202

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Tony Mitchell

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health CareOccupation
VP, Communications & Government Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	6

Transaction ID: 13436206

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James M Moore

Mailing Address 800 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61603-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare SystemOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	6

Transaction ID: 13436207

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dennis Murphy
Mailing Address 48 Royal Vale Drive

City State Zip Code
Oak Brook IL 60523-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Director, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436208

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark R Neaman
Mailing Address 1301 Central Street

City State Zip Code
Evanston IL 60201-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Northwestern Hea-
lthcare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436209

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Jesse P. Hall
Mailing Address 1948 Elmwood Avenue

City State Zip Code
Wilmette IL 60091-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Park Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436214

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Potter
Mailing Address 430 Cobblestone Drive

City State Zip Code
Aurora IL 60506-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dreyer Medical Clinic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436215

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. David A Schertz
Mailing Address 5666 East State Street

City State Zip Code
Rockford IL 61108-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Anthony Medical
Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436216

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Darryl L Vandervort
Mailing Address 403 East First Street

City State Zip Code
Dixon IL 61021-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katherine Shaw Bethea Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436218

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436225

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436228

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)

Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
 Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.05

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436233

Amount of Each Receipt this Period

416.70

SUBTOTAL of Receipts This Page (optional)

1241.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Director of Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1012.50		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13436234 Amount of Each Receipt this Period 625.00
B. Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia Mailing Address 1151 E. Warrenville Rd. City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Director, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.44		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13436235 Amount of Each Receipt this Period 208.40
C. Full Name (Last, First, Middle Initial) Mr. Brian Foster Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.06		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 13436236 Amount of Each Receipt this Period 416.70

SUBTOTAL of Receipts This Page (optional)

1250.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat
Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436237

Amount of Each Receipt this Period

156.30

B. Full Name (Last, First, Middle Initial)
Ms. Ann C. Guild
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.05

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436594

Amount of Each Receipt this Period

416.70

C. Full Name (Last, First, Middle Initial)
Mr. Ed Holzhauer
Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436598

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1173.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436599

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436601

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436603

Amount of Each Receipt this Period

208.40

SUBTOTAL of Receipts This Page (optional)

1043.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436604

Amount of Each Receipt this Period

625.00

B. Full Name (Last, First, Middle Initial)
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436607

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)
Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City State Zip Code
Naperville IL 60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436609

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436612

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Mr. Rann Folsom

Mailing Address 2281 US Highway 41 S

City

Cordele

State

GA

Zip Code

31015-7501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crisp Regional Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13442591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kirk Wilson

Mailing Address 3010 Woodvale Ct

City

Alpharetta

State

GA

Zip Code

30022-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph's Hospital
of Atlanta

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13442621

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Filliung
Mailing Address 1013 59th Street

City State Zip Code
Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13481259

Amount of Each Receipt this Period

208.40

B. Full Name (Last, First, Middle Initial)
Holbrook & Osborn, PA
Mailing Address 7400 West 110th Street, Suite 600

City State Zip Code
Overland Park KS 66210-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holbrook & Osborn, P.A.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 14165876

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$0.-00

C. Full Name (Last, First, Middle Initial)
Katie Vaughan
Mailing Address 506 A East Howell Avenue

City State Zip Code
Alexandria VA 22301

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1034595118007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

268.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1045726218007	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>120.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation VP & Chief Washington Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>960.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1113464218007	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Section Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>240.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW			Transaction ID: PR1125613618007	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>60.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>480.00</div>		

P/R Deduction (\$50.00 Bi-Weekly)

P/R Deduction (\$12.50 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary Meadows
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1260472918007

Amount of Each Receipt this Period

41.67

P/R Deduction (\$13.89 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Lindsay Mac Robinson
Mailing Address 107 East Lane

City State Zip Code
Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727318007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Deborah F. Weiner
Mailing Address 11004 Petersburg

City State Zip Code
Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745918007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

281.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$12.50 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777818007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
 Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812018007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851918007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$25.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858018007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877818007

Amount of Each Receipt this Period

124.98

P/R Deduction (\$43.49 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942118007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094118007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$12.50 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

274.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach
Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136918007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian
Mailing Address 5545 N. Wayne

City State Zip Code
Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223818007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Calbreith L. Simpson
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224818007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224918007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Ronald O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
 Eagle ID 83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241418007

Amount of Each Receipt this Period

83.34

P/R Deduction (\$27.78 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260918007

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

443.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310418007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen
Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312718007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341818007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511818007

Amount of Each Receipt this Period

142.80

P/R Deduction (\$47.60 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 909 N. Madison St.

City State Zip Code
Arlington VA 22205-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512018007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey
Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013418007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

262.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

Mailing Address 1905 Christopher Place

City State Zip Code
Harrisburg PA 17110-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
President, Center for Healthcare Gover

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071318007

Amount of Each Receipt this Period

180.00

P/R Deduction (\$60.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215718007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$50.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329342618007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$12.50 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris Mailing Address 1136 W. Farwel Unit 1W City Chicago State IL Zip Code 60626-3861 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329654218007 Amount of Each Receipt this Period 30.00 P/R Deduction (\$12.50 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Tama Mattocks Mailing Address 1201 Pennsylvania Ave, NW 5th Floor City Washington State DC Zip Code 20004-2401 FEC ID number of contributing federal political committee. C Name of Employer Strategic Health Care Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273418007 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Patricia Meersman Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Executive Services Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330343318007 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475418007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534318007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$25.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549218007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.54

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776118007

Amount of Each Receipt this Period

65.22

P/R Deduction (\$21.74 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
 Alexandria VA 22301-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

155.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331379118007	
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 44.13	
City Washington	State DC	Zip Code 20004-2818		
FEC ID number of contributing federal political committee. C				
Name of Employer American Organization of Nurse Executi		Occupation Director, Federal Relations & Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.65		
B. Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331386918007	
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 30.00	
City Washington	State DC	Zip Code 20004-2818		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Associa- tion-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
C. Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416018007	
Mailing Address PO Box 15587			Amount of Each Receipt this Period 124.98	
City Austin	State TX	Zip Code 78761-5587		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Associa- tion		Occupation AHA Regional Executive for TX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.84		

SUBTOTAL of Receipts This Page (optional)

199.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533218007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR346168118007

Amount of Each Receipt this Period

31.23

P/R Deduction (\$20.83 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Director Executive Branch Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$39.20 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

211.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Dir. Policy Development

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR801366318007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR876637218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Director of Operations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936292318007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR939603918007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$12.50 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

98764.85

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 150

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

SRH Media

Mailing Address 2204 Countryside Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

29000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	6

Transaction ID: 13420500

Amount of Each Receipt this Period

29000.00

Refund of H. Wilson IE cancelled

SUBTOTAL of Receipts This Page (optional)

29000.00

TOTAL This Period (last page this line number only)

29000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 150

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3449.49

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 13436190

Amount of Each Receipt this Period

378.77

Bank Interest

SUBTOTAL of Receipts This Page (optional)

378.77

TOTAL This Period (last page this line number only)

378.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 / 150

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Services

Mailing Address 462 Seventh Avenue
14th Floor

City New York State NY Zip Code 10018

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13436241

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

225.00

Bank Fee

Full Name (Last, First, Middle Initial)

B. SRH Media

Mailing Address 2204 Countryside Drive

City Silver Spring State MD Zip Code 20905

Purpose of Disbursement

Independent Expenditure cancelled, see li

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13357931

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

29000.00

Independent Expenditure cancelled, see line 15.

Full Name (Last, First, Middle Initial)

C. Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13443190

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

80.03

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

29305.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 / 150

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13443194

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

7.75

Bank Fee

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13443191

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

98.02

Bank Fee

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13443192

Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

78.02

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

183.79

TOTAL This Period (last page this line number only)

29488.82

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 150

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McCrery For Congress Committee

Mailing Address Post Office Box 52956

City
Shreveport

State
LA

Zip Code
71135

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 13373666

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Mailing Address PO Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael N. Castle

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 13373665

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13373660

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

3000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 150

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Porter For Congress

Mailing Address PO Box 26087

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jon C. Porter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 13373662

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition Political Action Committee

Mailing Address 607 14th Street NW Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13373655

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Norwood For Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 13374819

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 150

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McNulty For Congress

Mailing Address P.O. Box 1560

City State Zip Code
 Green Island NY 12183

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Michael R. McNulty

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 21

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 13373673

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Goode For Congress

Mailing Address 235 South Main Street

City State Zip Code
 Rocky Mount VA 24151

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Virgil H. Goode, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 13375865

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Re-Elect Brian Bilbray For Congress

Mailing Address 1307 9th St

City State Zip Code
 Imperial Beach CA 91932

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Brian P. Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 49

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 13373689

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 / 150

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Filner For Congress

Mailing Address P.O. Box 127868

City
San Diego

State
CA

Zip Code
92112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Filner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 13373676

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City
Roanoke

State
VA

Zip Code
24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 6

Transaction ID: 13375867

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy Bishop

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 1

Transaction ID: 13373691

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 / 150

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Marshall

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Marshall

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13373791

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Barrow

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 12

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13373693

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Larsen

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13376122

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City
Honeoye

State
NY

Zip Code
14471

Purpose of Disbursement
Void of 8/06 check

011

Category/
Type

Candidate Name
Rep. Louise McIntosh Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 13364083

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

-2000.00

Void of 8/06 check

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City
Honeoye

State
NY

Zip Code
14471

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Louise McIntosh Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 13376116

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City
Westminster

State
CO

Zip Code
80031

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Mark Udall

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 2

Transaction ID: 13376129

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Inslee For Congress

Mailing Address PO Box 33027

City
Seattle

State
WA

Zip Code
98133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jay Inslee

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 1

Transaction ID: 13376118

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Doc Hastings

Mailing Address PO Box 2926

City
Pasco

State
WA

Zip Code
99302

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard Hastings

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 4

Transaction ID: 13376127

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement
Contribution

Candidate Name
Sue Kelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 13376113

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Contribution

Candidate Name
Rep. C.A. Dutch Ruppersberger

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13376106

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas Cole

Office Sought: ☒ House
☐ Senate
☐ President

State: OK District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13376102

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

Candidate Name
Rep. Cathy McMorris Rodgers

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13376125

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Grant For Congress

Mailing Address P O Box 489

City
Fruitland

State
ID

Zip Code
83619

Purpose of Disbursement
Contribution

Candidate Name
Mr. Larry Grant

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 1

Transaction ID: 13384659

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Inslee For Congress

Mailing Address PO Box 33027

City
Seattle

State
WA

Zip Code
98133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jay Inslee

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 1

Transaction ID: 13376075

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Westmoreland For Congress

Mailing Address P.O. Box 458

City
Sharpsburg

State
GA

Zip Code
30277

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lynn A. Westmoreland

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 13376078

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement
Contribution

Candidate Name
Rep. Cathy McMorris Rodgers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 5

Transaction ID: 13375897

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Boyda For Congress

Mailing Address PO Box 1474

City
Topeka

State
KS

Zip Code
66612

Purpose of Disbursement
Contribution

Candidate Name
Nancy Boyda

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 13399047

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peter Hoekstra For Congress

Mailing Address 1454 Cimarron Drive

City
Holland

State
MI

Zip Code
49423

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter Hoekstra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 2

Transaction ID: 13393805

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress St
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles Melancon

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13393792

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Van Hollen

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13395445

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Artur Davis

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 7

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13395500

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Louie Gohmert For Congress Committee

Mailing Address PO Box 8060

City
Tyler

State
TX

Zip Code
75711

Purpose of Disbursement
Contribution

Candidate Name
Rep. Louie Gohmert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 1

Transaction ID: 13395466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hal Rogers For Congress

Mailing Address P.O. Box 1214
East Mt Vernon St

City
Somerset

State
KY

Zip Code
42502

Purpose of Disbursement
Void of 9/06 check

Candidate Name
Rep. Harold Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 5

Transaction ID: 13398444

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Void of 9/06 check

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contribution

Candidate Name
Rep. Fred Upton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 13398442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael Thompson

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13398443

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Etheridge For Congress Committee

Mailing Address

PO Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13398437

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 Ne Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Blumenauer

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13398441

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Phil Hare

Mailing Address

P.O. Box 4183

City

Rock Island

State

IL

Zip Code

61202

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Mr. Philip Hare

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: IL

District: 17

Transaction ID: 13398438

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress Committee

Mailing Address

P. O. Box 1986

City

Raleigh

State

NC

Zip Code

27602

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Rep. David E. Price

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: NC

District: 4

Transaction ID: 13399007

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Markey Committee, The

Mailing Address

P.O. Box 526

City

Medford

State

MA

Zip Code

02155

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Rep. Edward J. Markey

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: MA

District: 7

Transaction ID: 13399616

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Contribution

Candidate Name
Rep. John F. Tierney

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13399653

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

B. Citizens For John Olver For Congress

Mailing Address P.O. Box 819
PO Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement
Contribution

Candidate Name
Rep. John W. Olver

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13399619

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

C. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution

Candidate Name
Rep. James P. McGovern

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13399618

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Delahunt For Congress Committee

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement
Contribution

Candidate Name
Rep. William D. Delahunt

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 10

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13399652

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

B. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13399005

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

C. Barney Frank For Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement
Contribution

Candidate Name
Rep. Barney Frank

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13399615

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Charles Bass

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 13398979

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephen F. Lynch For Congress Committee

Mailing Address 105 Farragut Road

City
South Boston

State
MA

Zip Code
02127

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Stephen F. Lynch

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 9

Transaction ID: 13491302

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Scott Garrett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 5

Transaction ID: 13399011

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Costa For Congress

Mailing Address 2037 W Bullard Avenue
355

City Fresno State CA Zip Code 93711

Purpose of Disbursement
Contribution

Candidate Name
Rep. James Costa

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 20

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13399555

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Richard J. Durbin

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13420326

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Richard J. Durbin

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 1

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 13420328

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Altmire

Mailing Address PO Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name
Mr. Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: PA District: 4

2006 General Debt Re

Transaction ID: 13420329

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Glacier PAC

Mailing Address 818 Connecticut Ave., NW
Suite 1100

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13444108

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Weldon Victory Committee

Mailing Address P. O. Box 1992

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
Void of 10/06 check

Candidate Name
Mr. W Curtis Weldon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 7

Transaction ID: 13437178

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

-4500.00

Void of 10/06 check

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

111000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Holbrook & Osborn, PA

Mailing Address 7400 West 110th Street, Suite 600

City
Overland Park

State
KS

Zip Code
66210-2360

Purpose of Disbursement
Refund of 9/5/2006 Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13480193

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Refund of 9/5/2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 915 King Street 2nd Floor		Amount 55000.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 13357930	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Deborah Pryce		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		55000.00	
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 23383.33	
City State Zip Code Washington DC 20036		Transaction ID: 13399043	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Leonard L. Boswell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		23383.33	
(a) SUBTOTAL of Itemized Independent Expenditures		78383.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 31883.33	
City Washington State DC Zip Code 20036		Transaction ID: 13399044	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. John M. Spratt, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 31883.33			
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 49257.34	
City Washington State DC Zip Code 20036		Transaction ID: 13399045	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 2 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Benjamin Cardin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 49257.34			
(a) SUBTOTAL of Itemized Independent Expenditures		81140.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 915 King Street 2nd Floor		Amount 8000.00	
City Alexandria		Transaction ID: 13399041	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: OH	
Zip Code 22314		<input type="checkbox"/> Senate District: 15	
Purpose of Expenditure Radio Advertising		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Deborah Pryce		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought 63000.00		<input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Upgrade Films		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 1023 31st ST. NW		Amount 2992.62	
City Washington		Transaction ID: 13401760	
State DC		Office Sought: <input checked="" type="checkbox"/> House State: AZ	
Zip Code 20007		<input type="checkbox"/> Senate District: 1	
Purpose of Expenditure Radio Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Rick Renzi		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought 2992.62		<input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		10992.62	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 05 / 18 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Upgrade Films		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 1023 31st ST. NW		Amount 2992.63	
City State Zip Code Washington DC 20007		Transaction ID: 13401762	
Purpose of Expenditure Radio Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. James T. Walsh		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 48632.63			
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 78-710 Avenida Nuestra		Amount 13245.00	
City State Zip Code LaQuinta CA 92253		Transaction ID: 13401756	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 13245.00			
(a) SUBTOTAL of Itemized Independent Expenditures		16237.63	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 05 / 18 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 78-710 Avendia Nuestra		Amount 45640.00	
City LaQuinta		Transaction ID: 13401757	
State CA		Office Sought: <input checked="" type="checkbox"/> House State: NY	
Zip Code 92253		<input type="checkbox"/> Senate District: 25	
Purpose of Expenditure Radio Advertising		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. James T. Walsh		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____	
		45640.00	

(a) SUBTOTAL of Itemized Independent Expenditures	45640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	232394.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

 Signature

Date

M M
0 5

D D
1 8

Y Y Y Y
2 0 0 7